Study #9728: *Plan B* OTC Label Comprehension Study

[This is a medical officer addendum to the detailed review conducted by Dr. Karen Lechter, a social scientist in the Office of Drug Safety/HFD-410]

Report location: Volume 31

Study date: June 18, 2001 to July 18, 2001

Sponsors: Women's Capital Corporation

Family Health International (FHI)

(The sponsorship was transferred to the Barr Research in Nov, 03)

Investigators: Family Health International (FHI), Research Triangle Park, NC

(study design and monitoring; data collection, management and analyses)

Study sites: <u>Eight malls in US</u>:

Aurora, CO; Northridge, CA; Phoenix, AZ; Matteson, IL; Springfield,

VA; San Antonio, TX; Deptford, NJ; and Pembroke Pines, FL

Four Family Planning Clinics sites in US

Boca Raton, FL; Chicago, IL; Los Angeles, CA; and San Antonio, TX

Study Drug: Plan B package containing no tablets

Study Objectives:

To test if consumers can understand the proposed OTC Plan B label.

Subject Recruitment:

A total of 663 women were screened from 8 shopping malls and 4 family planning clinics cross the US (8 States); 656 were enrolled. The clinical sites were selected for enrollment of subjects that were minors so that parental consent was not necessary.

Communication objectives:

The following 11 communication objectives were tested. (The corresponding questionnaire follows each objective):

1. Plan B is indicated for prevention of pregnancy after unprotected sex.

Comprehension: correct or acceptable answers to at least 2 of the 4 questions.

Question	Comprehension Responses/Answers	
Question	Correct	Incorrect
Q7: Without looking at the label, tell me what $Plan B^{\otimes}$ is used for.	emergency contraception;	after sex (purpose unspecified); STI/HIV; emergency (sex not
	(Acceptable:	mentioned); other; don't
	contraception)	know/refused
Q14: A woman's partner used a condom during	correct	Incorrect; refused
sex with her but the condom broke. The next		
morning, she used <i>Plan</i> B^{\otimes} to prevent		
pregnancy. Was this a correct use of <i>Plan B</i> [®] ?		
Q16: A woman with asthma had unprotected	correct	Incorrect; refused
sex. The next day, she took <i>Plan B</i> to prevent		
pregnancy. Was this a correct use of <i>Plan B</i> [®] ?		
Q19: A woman had unprotected sex 2 days ago	correct	Incorrect; refused
and then used $Plan B^{\otimes}$ to prevent pregnancy.		
Was this a correct use of <i>Plan B</i> [®] ?		

2. Plan B is intended as a back up method and should not be used for regular contraception.

Comprehension: Correct answer to at least 3 (Q8 was not listed under this objective, but it appears it should be here) of the following 5 questions.

Question	Comprehension Responses/Answers	
	Correct	Incorrect
Q8: Is $Plan B^{\otimes}$ the same as ordinary birth control pills or is	Different	Same; Refused
it different from ordinary birth control pills?		
Q9: According to the label, should $Plan B^{\otimes}$ be used as	No	Yes; Refused
regular birth control?		
Q21: A woman is planning to have sex tonight. She usually	Incorrect	Correct;
uses condoms to prevent pregnancy. This time she plans to		Refused
use <i>Plan B</i> [®] instead because her husband complains about		
using condoms. Is this a correct use of <i>Plan</i> B^{\otimes} ?		
Q22: A woman used <i>Plan B</i> every day instead of her usual	Incorrect	Correct;
birth control pills. Was this a correct use of <i>Plan B</i> [®] ?		Refused
Q25: A woman and her husband don't like using condoms	Incorrect	Correct;
and the woman doesn't want to take birth control pills.		Refused
They decide to use $Plan B^{\oplus}$ as their main contraceptive		
method. Is this a correct use of <i>Plan B</i> [®] ?		

3. Plan B does not prevent sexually transmitted diseases or HIV/AIDS.

Comprehension: correct answer to the following 2 questions

Question	Comprehension Responses/Answers		
	Correct	Incorrect	
Q13: A woman used $Plan B^{\otimes}$ to be sure she doesn't get any sexually transmitted diseases. Was this a correct use of $Plan B^{\otimes}$?	Incorrect	Correct; refused	
Q27: According to the label, does <i>Plan B</i> protect against HIV (the virus that causes AIDS) and other sexually transmitted diseases?	No	Yes; refused	

4. The first pill should be taken as soon as possible after intercourse.

Comprehension: correct or acceptable answer to at least 2 of the 4 questions

Question	Comprehension Responses/Answers		
Correct		Acceptable	Incorrect
Q10: After unprotected sex, when is the best time to take the first tablet?	as soon as possible and within 72 hours or 3 days	within 72 hours or 3 days; as soon as possible	72 hours or 3 days; other; don't know/refused
Q29: How many days does the label say is the longest after sex a woman should wait before taking the first <i>Plan B</i> [®] tablet?	3 days or 72 hours		any other answer; refused
Q19: A woman had unprotected sex 2 days ago and then used Plan B® to prevent pregnancy. Was this a correct use of Plan B®?	Correct		Incorrect; refused
Q20: A woman had unprotected sex a week ago and then used <i>Plan B</i> to prevent pregnancy. Was this a correct use of <i>Plan B</i> ®?	Incorrect		Correct; refused

5. The first pill should be taken within 72 hours after intercourse.

Comprehension: correct or acceptable answer to either of the following questions.

Question	Comprehension Responses/Answers		
Question	Question Correct		Incorrect
Q10: After unprotected sex, when is the best time to take the first tablet?	as soon as possible and within 72 hours or 3 days	within 72 hours or 3 days; as soon as possible	72 hours or 3 days; other; don't know or refused
Q26: Will <i>Plan B</i> [®] be more effective if a woman takes it 1 day after unprotected sex or if she takes it 2 days after unprotected sex?	1 day		both the same; 2 days; refused

6. The second pill should be taken 12 hours after the first.

Comprehension: correct or acceptable answer to the following question 30 (Q23 was not listed under this objective by the sponsor).

Question	Comprehension Responses/Answers		
Question	Correct	Acceptable	Incorrect
Q23: A woman took both $Plan B^{\otimes}$ tablets at the same time. Was this a correct use of $Plan B^{\otimes}$?	Incorrect		Correct; Refused
Q30: When should a woman take the 2 nd <i>Plan B</i> [®] tablet?	12 hours after the first tablet	other but mentioned 12 hours; the next morning	other; don't know/refused

7. Plan B should not be used by women who are already pregnant (because it will not be effective).

Comprehension: correct answer to either of questions 11 and 17

Quartien	Comprehension Responses/Answers		
Question	Correct	Incorrect	
Q11: Suppose I told you a woman who is 2 months pregnant used <i>Plan B</i> [®] . Would you say she used <i>Plan B</i> [®] correctly or incorrectly?	Incorrectly	Correctly; refused	
Q12: Why? (following Q11)	because she was already pregnant, it won't work, it's too late	other reason; don't know or refused	
Q17: A woman has missed her period. She did a home pregnancy test and it was positive. She then used $Plan B^{\oplus}$ because she didn't want to be pregnant. Was this a correct use of $Plan B^{\oplus}$?	Incorrect	Correct; Refused	

8. Plan B should not be used by women with unexplained vaginal bleeding

Comprehension: correct answer to the following question

Question	Comprehension Responses/Answers		
Question	Correct	Incorrect	
Q15: A woman had unusual vaginal bleeding during the past week. She had unprotected sex and then she took $Plan\ B^{@}$ to prevent pregnancy. Was this a correct use of $Plan\ B^{@}$?	Incorrect	Correct; Refused	

9. Plan B should not be used by women with allergy to any ingredient in the product.

Comprehension: correct answer to the following question

Question	Comprehension Responses/Answers		
Question	Correct	Incorrect	
Q18: A woman knows she is allergic to an ingredient in <i>Plan B</i> [®] . She used <i>Plan B</i> [®] because she noticed that her partner's condom broke during sex with her. Was this a correct use of <i>Plan B</i> [®] ?	Incorrect	Correct; Refused	

10. Side effects of Plan B[®] include nausea and vomiting.

Comprehension: correct answer to questions 32 and 34, or name nausea and vomiting to question 37, or yes to questions 32-36.

Quartien	Comprehension Responses/Answers		
Question	Correct	Incorrect	
Q32: Can nausea be a side effect of <i>Plan B</i> [®] ?	Yes	No; Refused	
Q33: Can trouble breathing be a side effect of <i>Plan</i> $B^{@}$?	No	Yes; Refused	
Q34: Can vomiting be a side effect of <i>Plan B</i> [®] ?	Yes	No; Refused	
Q35: Can fever be a side effect of <i>Plan B</i> ?	No	Yes; Refused	
Q36: Are there any other possible side effects that I haven't mentioned?	Yes	No; Refused	
Q37: Please name one of these other possible side effects.	named a condition listed on package	did not name condition listed on package; refused	

11. If severe abdominal pain develops, the user should seek medical care immediately.

Comprehension: correct answer to the following question

Question	Comprehension Responses/Answers Correct Incorrect	
Question		
Q31: According to the label, if a woman gets severe stomach pain after using Plan B, what should she do?	See/call a doctor (time not mentioned); see/call a doctor	See/call a doctor but not immediately; stop using it; call number on box;
	immediately	other; don't know/refused

12. Outcome after taking Plan B

Comprehension: correct or acceptable answer to the following question

Question	Comprehension Responses/Answers		s/Answers
Question	Correct	Acceptable	Incorrect
Q28: After a woman takes <i>Plan B</i> [®] , when	at about the	1 week late	immediately;
should she expect her next period?	normal time		never; refused
Should she expect it immediately, at about			
the normal time, 1 week late, or never?			

RESULTS

Subject Demographics

Age and Race: The median age of 656 subjects was 21 years (12-50 years) and approximately 11% of them (76 of 656) were ages 12-16 (Table 2). Half of the participants were Caucasians and about 23% were Hispanic.

Table 2. Demographics of 656 Eligible Subjects

Demographic Characteristics	Number	%
Age (years)		
12-16	76	11.6
17-25	355	54.1
26-50	225	34.3
Race		
White	324	49.4
Black	155	23.6
Asian or Pacific Islander	30	4.6
American Indian or Alaska native	6	0.9
Other	115	17.5
Refused/missing	26	4.0
Ethnicity		
Hispanic	154	23.5
non Hispanic	500	76.2
Refused/missing	2	0.3
Income		
0-\$15,000	57	8.7
\$15,001-\$25,000	63	9.6
\$25,001-\$35,000	101	15.4
\$35,001-\$45,000	111	16.9
\$45,001 or more	159	24.2
did not know	139	21.2
refused/missing	26	4.0
Marital status		
single	487	74.2
married	143	21.8
divorced	17	2.6
widowed	8	1.2
refused/missing	1	0.2

Data were adapted from the sponsor's Table 2 (pa16, vol 31)

Education and Literacy: Approximately 27% of subjects (178 of 656) had educational levels less than high school (Table 3). About 30% of subjects (139 of 395) = 18 years of age who had not completed college were at a literacy level of = 8^{th} grade.

Sexual activity and Contraception: About 79% (474 of 599 who responded) of subjects were sexually experienced; 71% of subjects (314 of 440 who responded) had a history of unprotected intercourse with concern about an unwanted pregnancy at some time in the past; 89% (410 of 460) of subjects used a condom.

Previous EC experience: Six percent (32 of 473 who responded) had previously used emergency contraceptive pills.

Table 3. Education and Literacy

Education (highest level completed)	No of subjects	% of 656
6 th grade or less	4	0.6
7 th or 8 th grade	26	4.0
9 th -11 th grade	148	22.6
high school or GED	199	30.3
vocational/technical school	18	2.7
less than 4 years college	117	17.8
college	105	16.0
graduate school	37	5.6
refused/missing	2	0.3
Literacy level* Subjects age = 18 not completed college, n=395	No of subjects	% of 395
3 rd grade or less	1	0.3
4 th -6 th grade	17	4.3
7 th -8 th grade	121	30.6
high school	254	64.3
missing	2	0.5

^{*}Assessed using Rapid Estimate of Adult Literacy in Medicine (Davis TC, Long SW, Jackson RH, et al. Rapid estimate of adult literacy in medicine: a shortened screening instrument. Fam Med 1993;25:391-5.)

Comprehension of Communication Objectives

Comprehension rates for each communication objective are summarized in Table 4, which corresponds to the following parameters evaluating marketability of OTC drug:

Indication: Ninety-three percent of subjects understood that $Plan B^{\mathbb{B}}$ is indicated for prevention of pregnancy after unprotected sex (objective 1).

Warning:

- 1. Pregnancy: 98% of subjects understood that Plan B should not be used by pregnant women; (objective #7)
- 2. Unexplained vaginal bleeding: 75% of subjects understood that Plan B should not be used by women with unexplained vaginal bleeding; (objective #8)
- 3. Allergy: 91% of subjects understood that Plan B should not be used by women with allergy to any ingredient in the product. (objective #9)

Regular contraception: Sixty-seven percent of subjects understood that Plan B is intended as a back up method and should not be used for regular contraception (objective #2).

HIV and other STDs: Ninety-four percent of subjects understood that Plan B does not protect against HIV or any other sexually transmitted disease (objective #3).

Direction for Use: Ninety-seven percent of subjects understood that the first pill should be taken within 72 hours or as soon as possible after intercourse (objective #4/5). Sixtynine percent of subjects understood that the second pill should be taken 12 hours after the first (objective #6).

Adverse Events: Eight-nine percent of subjects understood that side effects of Plan B include nausea and vomiting (objective #10). Two irrelevant side-effects, "fever" and "trouble breathing," were included in the questionnaires; 80% and 83% of subjects, respectively, responded that "fever" and "trouble breathing" were not side effects of Plan B. However, if subjects responded that both relevant and irrelevant AEs were side-effects of Plan B, the responses were considered as correct. Therefore, the true comprehension on "nausea" and "vomiting" would be less than 89%.

Management of serious complication: Eight-one percent of subjects understood that if severe abdominal pain develops, the user should seek medical care immediately (objective #11).

Table 4. Comprehension of each communication objectives

(% of enrolled subjects)

Communication Objectives		Response	95% Confidence Interval	
1	<i>Plan B</i> [®] is indicated for prevention of	Correct	90	0.87 - 0.92
1	pregnancy after unprotected sex †	Acceptable*	93	0.91 - 0.95
2	Plan $B^{\text{®}}$ is intended as a back up method an used for regular contraception.	d should not be	67	0.64 - 0.71
3	Plan B^{\otimes} does not prevent sexually transmitt HIV/AIDS.	ed diseases or	94	0.92 - 0.96
4	The first pill should be taken within 72 hour intercourse.	rs after	85	0.82 - 0.88
5	The first pill should be taken as soon as possible after intercourse.		82	0.79 - 0.85
4/5	The first pill should be taken within 72 hours or ASAP after intercourse		97	0.96 - 0.98
6	The second pill should be taken 12 hours	Correct	69	0.65 - 0.72
0	after the first.	Acceptable*	85	0.83 - 0.88
7	Plan B [®] should not be used by women who pregnant	are already	98	0.97 - 0.99
8	8 Plan B [®] should not be used by women with unexplained vaginal bleeding		75	0.72 - 0.79
9	9 $\frac{Plan B^{\text{®}}}{l}$ should not be used by women with allergy to any ingredient in the product		91	0.88 - 0.93
10	Side effects of <i>Plan B</i> [®] include nausea and vomiting.		89	0.87 - 0.91
If severe abdominal pain develops, the user should seek medical care immediately.		81	0.78 - 0.84	

Data were extracted from the sponsor's Table 8 (p30, vol 31).

* The acceptable responses included "correct" responses.

Comprehension rates among subjects with different Demographics

Ages (Table 5): Significantly fewer subjects ages 12-16 understood objectives #1A, #2, #4 and #6 compared with those ages = 17 years.

Education and Literacy (Tables 6a & b): Lower comprehension rates on correct self-selection (related to objectives 1A, 2, 3 and 4) of Plan B were found in subjects who did not complete high school, as compared to those who completed high school. Subjects at age 18 or older with = 8th grade literacy scored significantly lower on objectives related to self-selection/deselection and correct use. Only 46% of the low literacy group understood that Plan B was not intended for routine contraception.

Study Sites (Table 7): Approximately 89% of subjects (583 of 656) were recruited from family planning clinics and the rest, 11% (73 of 656) from shopping malls in the original sNDA submission. However, in the sponsor's response (October 30, 2003) to the Agency' request on comparing the demographics of subjects between both locations, the proportion of the subjects recruited from both location was transposed; the sponsor claimed that 89% subjects were from the malls and 11% from the clinics.

Overall comprehension on the proposed OTC label was comparable between the clinics and the malls, except that the subjects in shopping malls demonstrated significantly less understanding of side-effects based on the original sNDA submission. However, when subjects were stratified based on demographics provided in the new submission (assuming that the transposed locations were correct), the following subgroups of subjects from the clinics had lower comprehension on some communication objectives such as such as "used as a back-up but not for regular contraception": age 12-16, low income (= \$15,000/yr), low education (< HS), and no prior EC experience. The comprehension rate on "not for regular contraception" in subjects age 12-16 was 20% in the clinics and 61% in mall.

Table 5. Comprehension rate of communication objectives in different age groups (% of enrolled subjects)

		Age (years)			Total
	Communication Objectives	12-16 n=76	17-25 n=355	26-50 n=255	N=656
1A†	Plan B [®] is indicated for prevention of pregnancy after unprotected sex.	86#	93	95	93
2	Plan B [®] is intended as a back up method and should not be used for regular contraception.	57	67	71	67
3	Plan B [®] does not prevent sexually transmitted diseases or HIV/AIDS.	93#	96	92	94
4	The first pill should be taken within 72 hours after intercourse.	77	86	87	85
5	The first pill should be taken as soon as possible after intercourse.	84	83	81	82
4/5	4 or 5 The first pill should be taken within 72 hours or ASAP after intercourse.	94	97	98	97
6A‡	The second pill should be taken 12 hours after the first. ‡	77*	90	82	86
7	<i>Plan B</i> [®] should not be used by women who are already pregnant.	97	99	97	98
8	Plan B [®] should not be used by women with unexplained vaginal bleeding.	72	77	74	75
9	<i>Plan B</i> [®] should not be used by women with allergy to any ingredient in the product.	90	91	91	91
10	Side effects of <i>Plan B</i> [®] include nausea and vomiting.	90*	93	84	89
11	If severe abdominal pain develops, the user should seek medical care immediately	81	84	77	81

Data were extracted from the sponsor's Table 9 (p30).

^{*} P < 0.01 and # P < 0.05

[†] using acceptable definition for Q7; ‡ using acceptable definition for Q30.

Table 6a. Comprehension rates on communication objective at different education levels (% of enrolled subjects)

			Education	
	Communication Objectives	< HS n=178	= HS n=476	n=654
1 A †	<i>Plan</i> B^{\otimes} is indicated for prevention of pregnancy after unprotected sex.	86*	96	93
2	Plan B^{\otimes} is intended as a back up method and should not be used for regular contraception.	55*	72	67
3	<i>Plan B</i> [®] does not prevent sexually transmitted diseases or HIV/AIDS.	90#	96	94
4	The first pill should be taken within 72 hours after intercourse.	77*	89	85
5	The first pill should be taken as soon as possible after intercourse.	85	81	82
4/5	The first pill should be taken within 72 hours or ASAP after intercourse	97	97	97
6A‡	The second pill should be taken 12 hours after the first.	84	86	86
7	<i>Plan B</i> [®] should not be used by women who are already pregnant.	97	98	98
8	Plan B [®] should not be used by women with unexplained vaginal bleeding.	75	75	75
9	Plan B [®] should not be used by women with allergy to any ingredient in the product.	88	92	91
10	Side effects of $Plan\ B^{\otimes}$ include nausea and vomiting. (P=0.0075)	88	90	89
11	If severe abdominal pain develops, the user should seek medical care immediately.	84	80	81

Data were extracted from the sponsor's Table 15 (p37).

[†] using acceptable definition for Q7; ‡ using acceptable definition for Q30.

^{*} P < 0.01 and # p < 0.05

< HS: did not complete high school; = HS: completed high school

Table 6b. Comprehension rates on communication objective at different literacy levels (% of enrolled subjects)

		Literacy Level		Total
	Communication Objectives	= 8 th n=139	HS n=254	n=393
1A†	<i>Plan</i> $B^{\text{®}}$ is indicated for prevention of pregnancy after unprotected sex.	84*	96	92
2	<i>Plan B</i> [®] is intended as a back up method and should not be used for regular contraception.	46*	78	67
3	<i>Plan B</i> [®] does not prevent sexually transmitted diseases or HIV/AIDS.	84*	99	93
4	The first pill should be taken within 72 hours after intercourse.	71*	90	83
5	The first pill should be taken as soon as possible after intercourse.	84	83	83
4/5	The first pill should be taken within 72 hours or ASAP after intercourse	95	98	97
6A‡	The second pill should be taken 12 hours after the first.	82*	92	89
7	<i>Plan B</i> [®] should not be used by women who are already pregnant.	95*	99	98
8	Plan B [®] should not be used by women with unexplained vaginal bleeding.	69*	81	77
9	Plan B [®] should not be used by women with allergy to any ingredient in the product.	82*	95	90
10	Side effects of $Plan\ B^{\odot}$ include nausea and vomiting. (P=0.0075)	84*	96	92
11	If severe abdominal pain develops, the user should seek medical care immediately.	81	83	82

Data were extracted from the sponsor's Table 16 (p38).

[†] using acceptable definition for Q7; ‡ using acceptable definition for Q30.

^{*} P < 0.01

< 8th: 8th grade or less assessed with REALM test; HS: completed high school

Table 7. Comprehension rates in subjects recruited from Shopping Mall and Clinics (% of enrolled subjects)

			Study Sites#	
	Communication Objectives	Mall n=583	Clinic n=73	n=656
1A†	<i>Plan</i> B^{\otimes} is indicated for prevention of pregnancy after unprotected sex.	93	93	93
2	Plan B^{\otimes} is intended as a back up method and should not be used for regular contraception.	68	61	67
3	<i>Plan B</i> [®] does not prevent sexually transmitted diseases or HIV/AIDS.	94	97	94
4	The first pill should be taken within 72 hours after intercourse.	85	87	85
5	The first pill should be taken as soon as possible after intercourse.	83	79	82
4/5	The first pill should be taken within 72 hours or ASAP after intercourse	97	98	97
6A‡	The second pill should be taken 12 hours after the first.	85	90	86
7	<i>Plan B</i> [®] should not be used by women who are already pregnant.	98	98	98
8	<i>Plan B</i> [®] should not be used by women with unexplained vaginal bleeding.	75	76	75
9	<i>Plan B</i> [®] should not be used by women with allergy to any ingredient in the product.	91	93	91
10	Side effects of $Plan B^{\otimes}$ include nausea and vomiting.	88*	98	89
11	If severe abdominal pain develops, the user should seek medical care immediately.	81	83	81

Data were extracted from the sponsor's Table 13 (p35).

^{*} P < 0.01 (by Chi-square test).

[†] using acceptable definition for Q7; ‡ using acceptable definition for Q30.

[#] The proportion of subjects from clinics and malls is updated from the sponsor's re-submission dated on October 30, 2003. In the original submission (April 2003), 583 subjects were recruited from clinic sites and 73 from shopping malls; the sponsor claimed this was transposed.

SUMMARY

- 1. *Subjects:* A total of 656 subjects (663 were screened) ages 12-50 were enrolled in the study; approximately 12% of subjects were age 12-16; 30% of subjects at age = 18 who did not complete college were at a literacy level = 8th grade. About 79% of subjects were sexually experienced and 6% had previous EC use experience.
- 2. *Comprehension of Indication:* Ninety-three percent of subjects could correctly understand that Plan B is to be used "after unprotected sex".
- 3. *Comprehension on Warning:* Most subjects (91-98%) could understand the warnings (pregnancy and allergy) and that Plan B does not protect against the AIDS/STDs. However, only 67% of subjects could understand that Plan B is not for use as a regular contraceptive; and 75% of subjects were aware of the contraindication "unexplained vaginal bleeding".
- 4. *Comprehension on correct use:* Ninety-seven percent of subjects understood to take the first pill before 72 hours or as soon as possible after intercourse. However, only 69% of subjects understood the need to take the second pill at 12 hours after the first pill.
- 5. Adverse events: Over 80% of subjects could understand side effects of Plan B.
- 6. *Ages:* Lower comprehension rates were seem on the communication objectives #1A, #2, #4 and #6 in subjects ages 12-16 and on #1A, #2, #3 and #4 in subjects with lower literacy and less than a high school education.
- 7. *Education levels:* Lower comprehension rates on the communication objectives #1A, #2, #3 and #4 in subjects with lower literacy and less than high school education.
- 8. Shopping Malls and Clinics: Overall comprehension rates on the communication objectives were comparable between the 2 types of locations, except for the lower comprehension of the possible adverse events demonstrated by participants from the malls. However, among demographic cohorts, there were trends of lower comprehension on some elements in the proposed OTC label in the clinic sites compared to the malls, particularly among subjects ages 12-16, those with less education, and those with low literacy.
- 9. *STDs or HIV/AIDS:* Ninety-four percent of subjects understood that Plan B does not prevent STDs or HIV/AIDS. However, the comprehension was less among the younger (12-16 years old) and lower literacy participants.

COMMENTS

- 1. Approximately 20% of subjects did not understand the potential seriousness of severe abdominal pain that may occur after using Plan B. This issue (related to ectopic pregnancy) will be addressed in the global safety update review by HFD-580.
- 2. Approximately 25% of subjects did not recognize that "unexplained vaginal bleeding" was a contraindication. The language may be too vague. The sponsor stated that there is no evidence to support this contraindication claim and proposed to remove it from the label. This issue will be addressed in the global safety update review by HFD-580.
- 3. Sexually transmitted diseases other than HIV/AIDS were not mentioned in the questionnaires.
- 4. The proportion of subjects from the clinics and the malls in the study was unclear because the sponsor reported them differently. In the original submission the sponsor reported that 89% of subjects were recruited from the clinics and 11% were from the malls. However, upon resubmission of this data, the sponsor rectified this error and stated that 89% of subjects were from the malls.

CONCLUSION

- 1. Overall, the majority of subjects could understand the proposed OTC label with regard to the indication for Plan B, and could recognize common and severe adverse events.
- 2. Subjects ages 12-16 and those with less education or low literacy were less apt to comprehend the indication and the directions for use.
- 3. A package insert is recommended to improve comprehension of concepts of "emergency" and "routine" contraception in populations with lower literacy and those ages 12-16.
- 4. The proposed changes on the OTC label from the sponsor: bolding the phrase "a serious medical problem" and removing "Unexplained (or unusual) vaginal bleeding". Acceptability of this label will be determined by the AU study results.
- 5. The majority of study subjects were recruited from a mall setting. This would probably more closely represent the general population than those subjects recruited in the actual use study and would help to evaluate the generalizability of label comprehension.

APPENDIX:

The Proposed OTC label used for the Label Comprehension Study

Carton Text for Plan B® (no condom)

Panel 1 (front panel)

Plan B[®]

Emergency Contraception

2 levonorgestrel tablets 0.75 mg each

Left Spine

Lot No.

Expiration Date x/xx

Panel 2 (inside far left)

Plan B is a backup contraceptive. It can prevent pregnancy after unprotected sex (if a contraceptive fails or if no birth control method was used). Plan B should not be used in place of regular contraception. It does not work as well as most other contraceptives used correctly.

Plan B does not prevent HIV (the virus causing AIDS) or other sexually transmitted diseases.

WHO SHOULD NOT USE PLAN B?

- Pregnant women (Plan B cannot cause an abortion.)
- Women who are allergic to any ingredient in Plan B.
- Women who have unusual vaginal bleeding.

Panel 3 (inside near left)

WHAT IF I AM ALREADY PREGNANT AND USE PLAN B? If you are already pregnant Plan B is unlikely to harm the fetus.

SIDE EFFECTS

Possible side effects may include:

- Nausea (23% of users)
- Stomach pain (18%)
- Fatigue (17%) Headache (17%)
- Dizziness (10%)
- Breast pain (10%)
- Vomiting (6%)
- Diarrhea (6%)
- Talk to a doctor if side effects are severe or last more than 48 hours.

Panel 4 (Inside near right - blisters)

- 1 Take the first tablet as soon as possible within 72 hours (3 days) after unprotected sex.
- 2 Take the second tablet 12 hours after you take the first tablet.

Panel 5 (inside far right)

After taking Plan B, you may have spotting or your menstrual period might be heavier or lighter.

Your next period should come at the normal time, or a few days early or late. If your period is more than one week late, you may be pregnant.

See a doctor right away if you have severe stomach pain, since this can be a warning sign of a tubal (ectopic) pregnancy = a serious medical problem.

Panel 6 (outside far left)

HOW WELL DOES PLAN B WORK?

Plan B lowers the risk of pregnancy by 89% after one act of unprotected sex (from about 8%, on average, down to about 1%)

Plan B works better the sooner you use it after unprotected sex.

Do not take more than 2 tablets in 24 hours.

Panel 7 (outside near left)

Store at room temperature.

Plan B is manufactured by Gedeon Richter, Ltd, Budapest Hungary.

Plan B is distributed in the United States and Canada by: Women's Capital Corporation 1990 M Street, NW, Washington, DC 20036 800-330-1271 www.go2planb.com

Right Spine

[Bar Code]

Panel 8 (back panel)

Drug Facts
Active ingredient (in each tablet) Purpose
Levonorgestrei (1.75 mg Emeryency Contraception
Use Reduces chance of programmy after unprotected sex (if a
contraceptive failed or if you did not use contraception)
Warnings
Do not use:
if you are already pregnant (because it will not work)
if you are allergic to any ingredient in Plan B
if you have unusual vaginal bleeding
Place B is not recommended for regular contraception.
Plan B does not protect against HIV (the virus that causes AIDS)
or any other sexually transmitted diseases.
When using this product, you may have
nausea
diarrhes
+ menstrual changes
If breastfeeding, ask a doctor before use.
Keep out of the reach of children.
Directions
+ Take the first tablet as soon as possible but no later than 72 hours (3
days) after unprotected sex.
+ Take the second tablet 12 hours after you take the first tablet.
Inactive ingredients: colloidal afficon dioxide, potato starch,
gelatin, magnesium steatate, talc, com starch, lactose monohydrate
Questions? \$1-890-336-1271 ≥ www.go2planb.com

Plan B Label used for the Label Comprehension Study

